

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ASD		5/17/01
FORMALITY REVIEW	Scf	555	6/21/01
RESPONSE FORMALITY REVIEW	AR	875	8/28/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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H.S.  
6-21-01  
1000  
08/08/01